



**DELAWARE HEALTH  
AND SOCIAL SERVICES**  
DIVISION OF SUBSTANCE ABUSE  
AND MENTAL HEALTH

QUALITY ASSURANCE/RISK MANAGEMENT/  
PROVIDER ENROLLMENT

**DSAMH Satellite Location Application**

**(Insert provider/program here)** is formally requesting to utilize a satellite location for selected services from The Division of Substance Abuse and Mental Health:

Satellite Location Information		
1. DCO/Satellite Site name, address, phone number, and primary contact information	Name of Site (DCO name or satellite location name):  Address of Site:  Phone Number of Site:  Primary Contact Information for DCO (if applicable):	
2. Days of operation and hours of service per day		
3. Type of services provided		
4. Statement of need		<input type="checkbox"/> Statement of Need Attached
5. Names, titles, and credentials of staff and ability to work independently		<input type="checkbox"/> Staff List Attached
6. Supervisory support plan (please include the frequency of supervision and modality)		<input type="checkbox"/> Policy Attached
7. Emergency plan in event of crisis at off-site location		<input type="checkbox"/> Policy Attached
8. Utilization of a secure Electronic Health Record		
9. Confidentiality plan specific to that off-site location		<input type="checkbox"/> Policy Attached
10. Informed consent provided to client that indicates limited services at DCO and information on services available at main program site		<input type="checkbox"/> Copy of Form Attached

11. Main program site information, license/certification, and complaint process prominently posted within the public view of the clients at the DCO		
12. Pictures of external building access, reception area, and office to be used by program staff		<input type="checkbox"/> Pictures Attached
13. Ability to identify clients served at guest sites and provide list to DSAMH upon request		
14. Memorandum of Understanding signed by Program and DCO		<input type="checkbox"/> MOU Attached
Additional Documents Attached	Related policies and procedures not identified above (list below):	<input type="checkbox"/> Documents Attached

DSAMH may rescind the license or certification if the program exceeds the scope of services thereby requiring a full application for a second site.

DSAMH may also rescind the license or certification if the site is deemed to be unsafe for clients and staff.

DSAMH will provide a decision within ten (10) business days of the receipt of the request and all required documentation.

If you are interested in providing feedback to DSAMH regarding this request, please contact DSAMH using any of the methods listed below:

Email: [dhss\\_dsamh\\_providerenrollment@delaware.gov](mailto:dhss_dsamh_providerenrollment@delaware.gov)

Call: 302-255-2845

Mail:

DSAMH Bureau of Policy, Compliance and Workforce  
Development  
1901 N. DuPont Highway  
Springer Building New Castle DE 19720

**DSAMH Satellite Location Application Decision Notice:**

**FOR DSAMH USE ONLY:**

☐ Full Approval

☐ Unable to Support Request

If the request not supported, the program may submit a new application if they have additional information. The original application will be closed.

Summary of decision:	
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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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DSAMH may also rescind the license or certification if the site is deemed to be unsafe for clients and staff.

Provider: Please display a copy of the license or certification in a public place.

If you are interested in providing feedback to DSAMH regarding this request, please contact DSAMH using any of the methods listed below:

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